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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/087,416
Filing Date	February 27, 2002
First Named Inventor	Jigish D. Trivedi et al.
Group Art Unit	2811
Examiner Name	Unknown
Attorney Docket Number	MI22-1965

Total Number of Pages in This Submission

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Postcard Receipt; Form PTO-1449 and copy of cited reference.
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Customer No. 021567. The Commissioner is hereby authorized to charge any deficiency or credit any overpayment to Deposit No. 23-0925.	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	D. Brent Kenady Reg. No. 40,045; Wells St John P.S.
Signature	
Date	5-6-02

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 05-06-02	
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. .... 10/087,416  
Filing Date .... February 27, 2002  
Inventor .... Jigish D. Trivedi, et al.  
Assignee .... Micron Technology, Inc.  
Group Art Unit .... 2811  
Examiner .... Not Yet Assigned  
Attorney's Docket No. .... MI22-1965  
Title: Integrated Circuitry

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

References -- See Attached Form PTO-1449

Assistant Commissioner for Patents  
Washington, D.C. 20231

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**REMARKS**

The Examiner's attention is directed to the reference which is listed on the attached Form PTO-1449 and a copy of which is attached. No admission is made regarding whether all the submitted references are prior art.

Citation of this patent is respectfully requested.

This Information Disclosure Statement is being filed within three months of the filing date of the application or before the mailing of a first Office Action, whichever occurs last. Therefore, no fee is believed to be required. However, in the event that a fee is required for filing this information disclosure statement, please charge the fee specified under 37

C.F.R. §1.17(p) to Deposit Account No. 23-0925. Please credit Deposit Account No. 23-0925 with any overpayment of the above fee.

Respectfully submitted,

Date: 5-6-02

By:   
D. Brent Kenady  
Reg. No. 40,045  
WELLS ST. JOHN P.S.  
601 W. First Avenue, Suite 1300  
Spokane, WA 99201-3828  
(509) 624-4276